

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Unigraphics Solutions, Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 13736 Riverport Drive, Maryland Heights, MO 63043

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** J. Randall Walti

**Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):**

Unigraphics Solutions, Inc.

13736 Riverport Drive

Maryland Heights, MO 63043

**Telephone Number of Designated Agent:** (314) 344-8390

**Facsimile Number of Designated Agent:** (314) 344-2677

**Email Address of Designated Agent:** walti@ugsolutions.com

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** April 19, 2000

**Typed or Printed Name and Title:** Lisa V. Thomas  
Assistant Secretary  
Unigraphics Solutions Inc

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.**

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